

FILED MAY 18 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 17658

BIRTH NO. _____ REG. DIST. NO. 348 PRIMARY REG. DIST. NO. 4512 Registrar's No. 21

1. PLACE OF DEATH a. COUNTY <u>Sullivan</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo.</u> b. COUNTY <u>Sullivan</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Newtown</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Newtown</u> <u>1050</u>	
c. LENGTH OF STAY in this place <u>Lifetime</u>		d. STREET ADDRESS (If rural, give location)	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Home</u>		d. STREET ADDRESS	
3. NAME OF DECEASED (Type or Print) a. (First) <u>JENNIE</u>		b. (Middle) <u>AGNES</u>	
c. (Last) <u>MILLER</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>3 29 1954</u>	
5. SEX <u>F.</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>widowed 2</u>	8. DATE OF BIRTH <u>1-10-1873</u>
9. AGE (In years last birthday) <u>81</u>		IF UNDER 1 YEAR Months <u>2</u>	IF UNDER 12 HRS. Hour Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, except if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <u>Linn County Mo.</u>
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A</u>		13. FATHER'S NAME <u>John T. Brown</u>	
13b. MOTHER'S MAIDEN NAME <u>Mary Patterson</u>		14. NAME OF HUSBAND OR WIFE	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>		16. SOCIAL SECURITY NO. <u>none</u>	17. INFORMANT'S SIGNATURE OR NAME <u>John C Brown Harris Mo.</u>
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Chronic Myocarditis</u> INTERVAL BETWEEN ONSET AND DEATH <u>5 yers.</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Arthritis deformans</u> <u>10 years.</u>	
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <u>4222</u>		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <u>Dec 5, 1938</u> , to <u>Mar. 29, 1954</u> , that I last saw the deceased alive on <u>Mar. 29, 1954</u> , and that death occurred at <u>9 A. M.</u> , from the causes and on the date stated above.			
23a. SIGNATURE <u>G. H. Dale 2 D.D.</u>		23b. ADDRESS <u>Newtown, Mo.</u>	23c. DATE SIGNED <u>3/30/54</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>3-31-54</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Brantley cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Mercur County Mo.</u>
DATE REC'D BY LOCAL REG. <u>April 3</u>	REGISTRAR'S SIGNATURE <u>Breta Caldwell</u> <u>318</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Julius Payne Newtown</u> ADDRESS _____	

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

..... Student Embalmer No.

working under my personal supervision.

Student
Student Embalmer

Signed

H. Howard Guild

Licensed Embalmer No. *3940*

P. O. Address *New York*

Note: The above **MUST BE SIGNED BY THE LICENSED EMBALMER** in his **OWN HANDWRITING**. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.